

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKSteven D. Jimenez**13 CV 0997**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

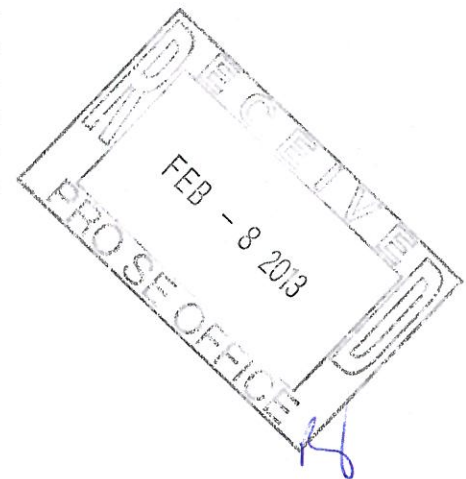
1 c/o Barnaby #17767
 2 c/o Deallie #18770
 3 CAPT/ Pittman #967
 4 CAPT/ Plaskett #149
 5 Keeley #10894
 6 c/o Alvarez #18954

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Steven Jimenez

ID #

3491206023 / 04192912K

Current Institution

Rikers Island / O.B.C.C.

Address

1600 HAZEN ST.EAST Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

c/o Barnaby

Shield #

17767

Where Currently Employed

O.B.C.C. - intake area

Address

1600 HAZEN ST.EAST Elmhurst, N.Y. 11370

Defendant No. 2 Name C/o Deallie Shield # 18770
 Where Currently Employed O.B.C.C. intake area
 Address 1600 HAZAN ST.
EAST Elmhurst, N.Y. 11370

Defendant No. 3 Name C/o Alvarez Shield # 18954
 Where Currently Employed O.B.C.C. intake area
 Address 1600 HAZAN ST.
EAST Elmhurst, N.Y. 11370

Defendant No. 4 Name Cat Pittman Shield # 967
 Where Currently Employed O.B.C.C. intake area
 Address 1600 HAZAN ST.
EAST Elmhurst, N.Y. 11370

Defendant No. 5 Name ~~Walter~~ Singh Shield # 10948
 Where Currently Employed O.B.C.C. intake area
 Address 1600 HAZAN ST.
EAST Elmhurst, N.Y. 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

OBCC Building in Rikers Island

B. Where in the institution did the events giving rise to your claim(s) occur?

in the intake area by the exit doors

C. What date and approximate time did the events giving rise to your claim(s) occur?

Oct 1, 2012 at around 12: something
~~on 1:30 pm something~~

D. Facts: On Oct 1st they was taking me out the building I grab the bars officers grab me and took me off the bars of cell throw me on the floor and started kicking me and stamping my back and head..

What happened to you?

Who did what?

¹⁷⁷⁶⁷ C/o Barnaby, ¹⁸⁷⁷⁰ C/o Deallie, C/o Alvarez was kicking ^{c/o 10948} Singh ^{#967} and stamping me and capt Pittman was the one who said to pick me up.. cause she was mad..

Was anyone else involved?

C/o Singh ^{#10948} and I think C/o Keeley #10894

Who else saw what happened?

there was inmates in all the cells around intake after I was living the building on second shift a couple of inmates was telling me on my way out the building they witness what happen but I didn't have no time to get there information there names should be on the logbook on Oct 1st cell 1-5 - Admission and - Video tapes around the areas...

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I had bruises on my back and face by my forehead right side chest, I didn't get medical treatment until I got to C-95 in C-71 a couple days later cause investigators came to speak to me and took pictures of my injuries so the capt in C-71 send me to the clinic to get seen and then was when I got treated for my injuries and pains

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island Building -
O.B.C.C. - 1600

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.K.C. C-95 in C-71

1. Which claim(s) in this complaint did you grieve? the infraction
that I recieved after my use of force AKA Assault

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I put an appeal and I'm still

waiting for answers Im on step one still waitting no answer
yet.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I didn't
grieved the Assault cause I didn't know I'm just
learning as I go along about all of this stuff

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I wrote some statements in AMKC/C-95 in C-71
giving by Capt there, I also told and recorded Audio by Investigators and
my family also called 311 and prisoners Rights .

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. don't have none

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want the Court to press Charges
on the officers and I also want to suit for 25 million for injuries
like head injuries back injuries I still get back pain and they left
me with tramatics scare of life I don't trust G/O's or a deal something
have to give

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☒

I'm trying to do another one that happen
in may in here At Rikers Island but don't
know if is going to happen cause I took to long
to put in the paper's works in ...

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Steven Jimenez

Defendants C/O Quinonez

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☒ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) don't know yet I have a claim number that's all right now

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Steven Jimenez

Defendants C/O Quinonez

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☒ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) don't know yet I have a claim number that's all right now

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of November, 2012.

Signature of Plaintiff

Alex J. Jimer

Inmate Number

3491206023 / 04192912K

Institution Address

1600 HAZEN ST.

EAST Elmhurst, N.Y.

11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27 day of November, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Alex J. Jimer